C-Modules

A LEARNING PACKAGE FOR SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Additional Resources

SBCC Theory Powerpoint | Glossary of Terms | Supplemental Readings

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C-CHANGE COMMUNICATION FOR CHANGE

C-Modules: A Learning Package for Social and Behavior Change Communication (SBCC)

Communication for Change (C-Change) Project
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Communication for Change

A SHORT GUIDE TO SOCIAL AND BEHAVIOR CHANGE (SBCC) THEORY AND MODELS

More harm than good?

- When we set out to improve life for others without a fundamental understanding of their point of view and quality of experience, we do more harm than good. (Lauren Reichelt, Tikkun, Winter 2011)

Why use theories and models?

Theory can guide the design, implementation of evidence-based programs, and evaluations. Adequately addressing an issue may require more than one theory, and that no one theory is suitable for all cases (Glanz, Rimer, and Sharyn 2005).

- Answers to key questions
  - What problems exists
  - Why a problem exists
  - Whom to select
  - What to know before taking action
  - How to reach people with impact
  - What strategies likely to cause change

Evolution of Key Concepts

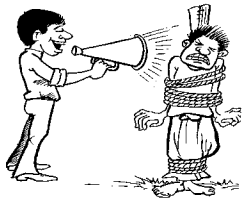
Communication concepts a generation ago…

Expert (sender) sending information **to non-expert (receiver)**

Transmission model: outdated

Transmission

Sender



Receiver

Influence flows in one direction only

Photo credit: Narendra Basnet, "Pretesting Communication Materials with Special Emphasis on Child Health and Nutrition Education: A manual for Trainers and Supervisors." UNICEF, Rangoon. Adapted from: Douglas Storey—JHU, Center for Communication Programs

Now: communication as dialogue

Communicator

Communicator

Dialogue: Influence flows in both directions

Adapted from: Douglas Storey—JHU, Center for Communication Programs

Evolution of key concepts

- Older approaches tried to persuade individuals to change their health behaviors
- Newer approaches try to create an enabling environment to encourage healthy behaviors
- New approaches look for *tipping points* of change that need to address social change as much as individual behavior change

Adapted from: Douglas Storey—JHU, Center for Communication Programs

Core Theories

THAT HAVE FUELED THE CURRENT THINKING

Three levels of theory

Most theories can be sorted into three levels

Level of Change	Change Process	Targets of Change
Individual level	Psychological	Personal behaviors
Interpersonal level	Psycho-social	Social Networks
Community level	Cultural & Social	Community development

Source: Neill McKee, Manoncourt, Chin, and Carnegie (2000)

Emphasis of some core theories

Theory	Emphasis
Individual level	
1. Health Belief Model 2. Reasoned Action – Fishbein & Ajzen 3. Stages of Change – Prochaska, DiClemente	Planned behavior, rational decision making processes (beliefs & subjective norms)
Fear Management – Witte	Interaction between cognition & emotion
Interpersonal level	
Social learning – Bandura	Social comparison, learning from role models, self efficacy
Community level	
Theory of Gender and Power Diffusion of Innovations - Rogers	Social influence, personal networks
Ecological Models	Behavior is a function of the person and its environment

More individual

More social

Adapted from Douglas Storey—JHU, Center for Communication Programs

Individual level: Health Belief Model (1950s)

People form behaviors based on perceptions:

1. How severe is the illness?
2. How likely could I get it?
3. What do I benefit from trying to prevent it and how effective is the new behavior?
4. What keeps me from taking this action?

Application:

- Address personal risk perception and beliefs in severity of disease
- Identify key benefits and barriers to change and stimulate discussion
- Demonstrate potential positive results of change

Individual level : Reasoned Action (1960s)

People make decisions by:

- Weighing the advantages and disadvantages of behaviors before deciding to practice it
- People base their intentions to act on two things:
  - their attitudes (whether performing the behavior is a good thing or a bad thing)
  - their subjective norms (whether other people around you are performing it and think that you should do that too)

Application:

- Identify motivators and benefits for action
- Create messages that can affect attitudes
- Identify audiences that influence the group your are trying to reach

Individual level: Stages of Change (1980s)

People making decisions by stage

Application

- Where is your audience with respect to the desired action?
- What information or messages do they need at that stage?
- Stage will dictate intervention
  - Pre-contemplative: generate interest
  - Preparation: develop skills
  - Action: form support groups
  - Maintenance: share stories with others to prevent relapse

Source: Carol Larivee (FHI 360)

Individual level: Fear Management Theory

People make decisions based on

- The Threat (fear)
  - Is the threat serious or severe?
  - Can it happen to me?
- The Efficacy (response)
  - Does the response work?
  - Can I do the response (self-efficacy)?
  - What blocks me from responding (barriers)?

Application:

- Find out about perceptions of fear and efficacy; based on that:
  - Increase perceived seriousness of the illness
  - Increase risk perception
  - Increase knowledge of solutions
  - Model response behaviors
  - Show how others have overcome barriers

Source: Kim Witte (2004) summarized by Douglas Storey—JHU, Center for Communication Programs

Interpersonal level: Principles of Social Learning (1970s)

People learn and decide how to act by:

- Observing the actions of others
- Observing the apparent consequences of those actions
- Checking those consequences for their own lives
- Trying out those actions themselves

Application:

- Identify key role models in the community
- Provide opportunities for them to model or talk about their behaviors
- Showcase role models and their actions through radio dramas, personal testimonials, community discussions

Key concept: self-efficacy

- *A person's belief in their ability to achieve* a *desired* outcome
- Self-efficacy is *perceived* regardless of one's actual ability.
- If a person sees someone else performing a behavior but doubt their own ability to copy it, its not likely that the new behavior will be adopted.

Source: Adapted from Albert Bandura, *Psychology Review 1977, Vol. 84, No. 2, 191-215. See also his Self-Efficacy: The Exercise of Control (New York: W.H. Freeman and Company, 997).*

Summary of individual BCC theories

- List of eight conditions represented in all theories:
- One or more of these conditions must be true for a person to perform a given behavior: The person

1. Has formed a strong positive intention to act
2. Has no environmental constraints for the behavior to occur
3. Has needed skills to perform the behavior
4. Believes the advantages/benefits outweigh disadvantages of performing the behavior
5. Perceives more social pressure to perform than not to perform the behavior
6. Perceives that behavior is consistent with self-image and personal standards
7. Reacts emotionally more positively than negatively to performing the behavior
8. Believes that they can execute the behavior (self-efficacy)

Source: Fishbein, M et al. 1991: Factors Influencing Behaviour and Behaviour Change. Final report prepared for NIMH Theorists Workshop, Washington, DC

However,

- Psychological and psychosocial theories were very useful early in the HIV epidemic to identify individual transmission behaviors.
- But

  ....nearly all the individually based theories were developed in the West with little focus on the role of gender and culture.

Source: UNAIDS 1999: Sexual Behavioural Change for HIV: Where have theories taken us?

Community level: Theory of Gender and Power (1995)

People make decisions based on:

- Wider social and environmental issues surrounding women such as
  - Distribution of power and authority
  - Gender specific norms outside of and within relationships

Application:

- Assess impact of structural gender differences and social norms on interpersonal sexual relationships
- Investigate how a woman's commitment to a relationship and lack of power can influence her risk reduction choices

Community level: Diffusion of Innovations (1960s)

Innovations are spread through:

- Social networks over time
- The speed at which an innovation spreads depends on
  - What people think about the innovations and the people using it
  - How well the social network works

Application:

- Identify how audience thinks of the innovation
- Identify opinion leader in the network
- Identify messages that address concerns about the innovation
- Demonstrate what happens to others when they try the innovation

A shift in thinking

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

Shift in thinking

- Over the years, there has been a shift in thinking about behavior change communication:
  - Simply giving correct information – while important – does not change behavior by itself
  - Only addressing individual behaviors is often not enough either

Key facts about human behavior

1. People interpret and make meaning of information based on their own context
2. Culture, norms, and networks influence people's behavior;
3. People can't always control the issues that create their behavior; and,
4. People's decisions about health and well-being compete with other priorities.

What is SBCC?

- SBCC is the systematic application of interactive, theory based, and research-driven communication processes and strategies to address "tipping points" for change at the individual, community, and social levels.
- A tipping point refers to the dynamics of social change where trends rapidly evolve into permanent changes.
  - A tipping point can be driven by a naturally occurring event or a strong determinant for change, such as political will, that provides the final push to "tip over" barriers to change.
  - Tipping points describe how momentum builds up to a point where change gains strength and becomes unstoppable.

SBCC has 3 characteristics:

1. SBCC is an interactive, researched and planned process
2. SBCC requires a socio-ecological model for analysis to find the tipping point for change
3. SBCC operates through three main strategies, namely
   a) advocacy,
   b) social mobilization, and
   c) behavior change communication

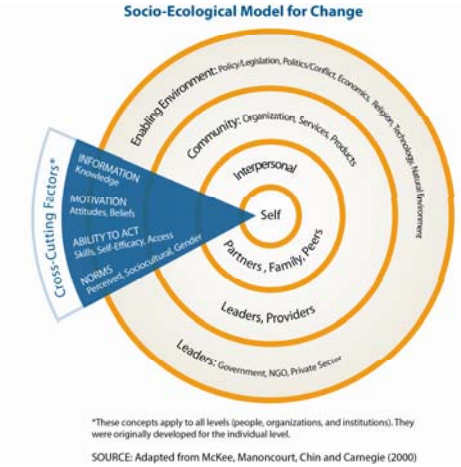
Characteristic 1. SBCC is a Process

C- Planning

SOURCE: Adapted from Health Communication Partnership, P-Process Brochure, CCP at JHU (2003); McKee, Manoncourt, Chin, Carnegie, ACADA Model (2000); Parker, Dairymple, and Durden, The Integrated Strategy Wheel (1998); AED, Tool Box for Building Health Communication Capacity (1995); National Cancer Institute: Health Communication Program Cycle (1989).

Levels of Analysis: Where is the tipping point for change?

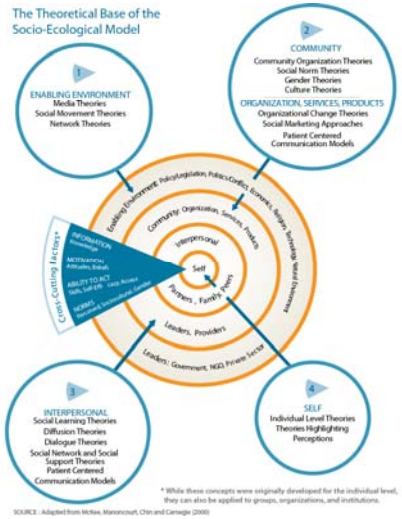
Characteristic 2: SBCC Requires a Socio-Ecological Model



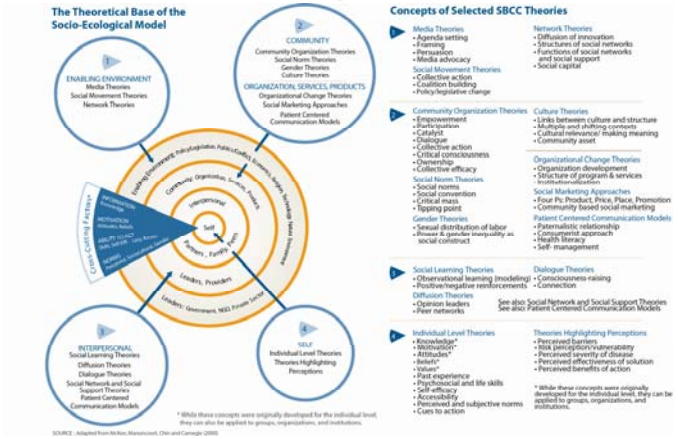
*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Theoretical Base of the Socio-Ecological Model



Theories and concepts contributing to SBCC



Analysis determines the mix of strategies.

Characteristic 3: SBCC Operates Through Three Key Strategies

SOURCE: Adapted from McKee, N. Social Mobilization and Social Marketing in Developing Communities (1992)

An ecological SBCC approach needs a broader theory base

For Advocacy and Mobilization, e.g.	For BCC, e.g.
• Agenda Setting and Framing Theories • Rights based approaches • Social Movement Theories • Social Network Theories • Community Organization Theories • Culture Theories • Social Norm Theories, • Gender Theories • Theories of Organizational Change	• Theories involving KAP/B, perceptions, beliefs, values • Motivation Theories • Social Learning Theories • Theories of Provider-Client Communication • Dialogue Theories • Diffusion Theories • Social Marketing Approaches

To find out how to apply these theories and approaches, go to C-Modules: Introduction Module and Module 2

Effectiveness of Communication

Effect of communication on behavior

- Stover & Bollinger (2004)
- Analyzed types of HIV/AIDS interventions to estimate number of infections averted (USAID target: 7 million averted)
- Cost per person reached in 14 Emergency Fund countries
- Mass media interventions
- 3rd highest impact
- 2nd highest cost-effectiveness

Intervention category	Estimated infections averted	Median cost per person reached ($)
Condom distribution	261,798	0.15
VCT	102,572	50.00
Mass Media	66,770	0.42
Blood Safety	35,147	5.20
PMTCT	27,877	414
Low Risk Populations	24,800	4.26
Medium Risk Populations	23,137	3.00
Youth Outreach	21,546	4.00
High Risk Populations: CSWs	11,351	101.00
STI Services	6,046	25
Youth In-School	1,908	6.00
Safe Injections	95	0.93

Source: Summarized by Douglas Storey—JHU, Center for Communication Programs from Stover, J. & Bollinger L. 2004. Infections averted by year one activities as described in the country operational plans of the PEPFAR (manuscript)

Evidence for SBCC as high impact practice for FP: a review of 49 articles, 1980-2009

- Strong association of use of contraceptives to communication program exposure
- Both direct and indirect exposure contributes to increased use of modern contraceptives
- Exposure to multi-media has a greater impact: increase in odds ratio from1.6 to 10.2 by dose of exposure
- Mass media programs are found to be cost effective: cost per new adopter ranges from USD 1.57 to USD 17.72.

[1] Johns Hopkins Center for Communication Programs. SUMMARY REPORT: reviewing existing evidence on the contribution of communication interventions to increasing family planning use, January 2010.

Source: Arzum Ciologlu, JHU-CCP, ppt with C-Change, URC on SBCC as High Impact Practice for USAID

Factors contributing to effectiveness

- Design based on locally defined needs
- Collaborate with local partners
- Involve local outreach workers
- Local funding
- Leadership of local decision makers
- Multiple channels of communication
- Entertainment-education formats
- Messages emphasized positive benefits vs. negative consequences of behavior

Source: Snyder L., Diop-Sidibé N., Badiane L. A Meta-Analysis of the Effectiveness of Family Planning Campaigns in Developing Countries. Presented at the International Communication Association Meeting, May 2003

Conclusion

1. Theories are tools for creative thinking, not absolute truth or formulas for success
2. Use theories to check your **assumptions**
3. No one theory will explain every behavioral setting
4. The ecological SBCC model combines various theories
5. Creative and tailored use of models and theories increases the success of interventions

Glossary of Terms[i]

A

4-A Model: used to facilitate four steps in client-provider interaction: Ask, Advise, Assess, Assist, and Arrange for follow-up.

Ability to act: a crosscutting factor. People need the ability to act in particular circumstances that pose a threat. Look at the actual skills, self-efficacy, and of the actors.

Access/accessibility: ability of an individual or group to use a service e.g. use of health care services. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Activity: a specific event or action.

Advocacy: a continuous and adaptive process for gathering, organizing, and formulating information into an argument to be communicated through various interpersonal and media channels with a view to raising resources or gaining political and social leadership acceptance and commitment for a development program, thereby preparing a society for its acceptance.

Agenda dynamics: refers to the relation among media agenda (what is covered), public agenda (what people think about), and policy agenda (regulatory or legislative actions on issues).

Agenda setting: a technique by the mass media to focus attention on issues, helping to generate public awareness and momentum. Research on agenda setting has shown that the amount of media coverage of any given issue correlates strongly with public perception on its importance. This is a concept from media theories in the Graphic: Concepts of Selected SBCC Theories.

Allies: institutions, associations, spokespeople who can serve as a resource, usually on a short-term basis. Their support can be financial, technical, human, or material.

Assets-based approach: an approach to community development that seeks to draw on the community's own strengths and resources for addressing concerns.

Attitude: a cross-cutting factor. Personal dispositions towards a particular subject or situation; how we generally feel about a situation. This is a concept from the individual level theories in the Graphic: Concepts of Selected SBCC Theories

Audience segmentation: process of selecting an audience by dividing it into subgroups that share similar qualities of characteristics, such as demographics, geographic or psychographic traits such as knowledge, attitudes, self –efficacy, behaviors, readiness for change or lifestyle, etc.

B

Barrier: a difficulty or obstacle that people face that can stop them performing desired behaviors to the problem you've identified.

Behavior change communication (BCC): is a researched-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group, and mass-media channels including participatory methods.

Behavioral skills: the physical and psychosocial ability to behave in a particular way, e.g. negotiating use of condoms in sexual encounters.

Belief: a cross-cutting factor. This is a concept from the individual level theories in the Graphic: Concepts of Selected SBCC Theories

Biomedical interventions: interventions in which the administration and use medicines are key features.

C

C-Planning: Characteristic 1 of C-Change's SBCC Framework. It is a five step interactive and researched process that includes understanding the situation, focusing and designing, creating, implementing and monitoring, and evaluating and replanning. All the steps of C-Planning draw on previous ones and contribute to subsequent ones.

Campaign: goal-oriented recognizable attempt to inform, persuade or motivate change within the intended audiences; linked series of activities with mutually supportive messages.

Capacity strengthening: the process of increasing people's skills and knowledge in a particular area that enable them to build and use their own strength to solve problems. Capacity strengthening suggests that programs build on existing resources while capacity building suggests limited local capacity that needs to be built from scratch.

Catalyst: a dynamic, iterative process that leads to dialogue within the community that when effective, leads to collective action and resolution of a common problem. This is a concept from the community organization theories in the Graphic: Concepts of Selected SBCC Theories.

Catalytic interventions: interventions that are seen as important triggers in changing the course of the epidemic.

Channel: three categories of communication channels are interpersonal, community, and mass media. Interpersonal channels include one-on-one communication such as hotlines and counseling. Community channels reach a group of people within a distinct geographic area or reach a group that shares common interests or characteristics. Community-based media, community-based activities, and community mobilization are all examples of community channels. Mass media channels, which can reach large audiences quickly, can include television, radio, newspapers, magazines, outdoor/transit advertising, direct mail and social media.

Channel mix: the use of at least two or more different media in one communication campaign with the goal to increase intensity, reach, and frequency of its content to reach intended audiences. The three channels are interpersonal, community based, and mass media.

Choice architecture: the act of "nudging" people toward more healthful or socially beneficial behavior by designing available choices in such a way that individuals will be steered toward the "right" choice.

Cohort: a group of people sharing a common characteristic, e.g. females born in 1985, males who have never has sex, etc.

Collective action: social movements by citizens to promote social change in policies, laws, social norms, and values. This is a concept from social movement and community organization theories in the Graphic: Concepts of Selected SBCC Theories.

Collective norms: norms that operate at the level of the social system (social network, community, entire society) and represent a collective code of conduct.

Communication objective: name SMART ways to address barriers to achieve desired change in policies, social norms, or behaviors. They are audience-specific and contribute to program objectives (see program objective definition).

Communication strategy: a comprehensive document that guides and links decisions on intended audiences, communication objectives, channels and materials based on analysis and integrated by a strategic approach.

Community-based social marketing (CBSM): relies on formative research conducted in the community to ensure that existing and perceived benefits and barriers are understood prior to the design of an intervention/campaign/activity. It involves the promotion of both actions and/or products. This is a concept from social marketing approaches in the Graphic: Concepts of Selected SBCC Theories

Community empowerment: process by which communities are enabled to assume leadership and exercise control over the processes and resources for their own transformation.

Community mobilization: a capacity-strengthening process through which community individuals, groups, or organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other needs, either on their own initiative or stimulated by others.

Community outreach: an organized series of activities within a specified area such as a town or village with the aim to extend interventions to the population in the area.

Community participation: process through which communities participate in determining their condition without necessarily controlling the process.

Community: a group united around a shared characteristic or concern or a group of people located in the same area.

Concept testing: a type of formative evaluation that involves systematically gathering intended audience reactions to creative concepts and "big ideas" that capture the essence of what you want to communicate to your intended audience before finalizing concepts and formats for pre-testing.

Contemplation: used in the stages of change theory to describe the period prior to adoption of a new behavior when one is thinking but not yet acting.

Creative brief: is a short tool to guide the development of materials and activities.

Critical mass: in order for social conventions to change, a "critical mass" of community members needs to agree to the change.

Cross-cutting factors: are represented in the triangle of influence in the socio-ecological model. These factors are put into four large categories: information, motivation, ability to act, and norms which SBCC interventions may be able to modify to generate change.

Cues to action: part of the Health Belief Model and indicate an active readiness to change. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Cultural relevance (or making meaning): the culture-centered approach involves designing change interventions and activities that relate to a culture or community's framework or understanding. Local cultural systems are the basis for the development of meaning about specific social change issues. This is a concept from culture theories in the Graphic: Concepts of Selected SBCC Theories

D

Determinant: factor that cause changes e.g.; in behavior.

Diffusion of innovation: process by which an innovation is spread in a given population over time. Under the right conditions, innovations (new services, products, best practices) can be successfully introduced/communicated and adapted at the individual, community, and organizational level. This is a concept from the network theories and a set theory of its own in the Graphic: Concepts of Selected SBCC Theories.

Division of labor and power: gender approaches aim to meet the different needs to men and women in ways that contribute to power balance and equitable practices.

E

Ecological: in this context means the relationships between individuals and their environments.

Ecological perspective: Ecological in this context means the relationships between individuals and their environments.

Emergent change: change that is already occurring, whether it's planned or unplanned.

Empowerment: refers to the process by which individuals and communities gain confidence and skills to make decisions over their lives. This is a concept from the community organization theories in the Graphic: Concepts of Selected SBCC Theories.

Environment: the physical, emotional, or social contexts that shape community and individual attitudes and behaviors.

Epidemic: significantly high incidence of disease occurrence in a population.

Evaluation: a process that tries to determine as systematically and objectively as possible the worth or significance of an intervention. In this course, we focus on evaluating the outcomes of your SBCC efforts.

F

Focus group discussion: in-depth discussion in which a small group of people, usually 8 to 10, talk about a topic of common interest to all the participants. These group discussions take place under the guidance of a facilitator and are used to collect research data or test materials.

Formative research: research conducted during the planning process that allows program planners to obtain insight into, e.g.; the knowledge, attitudes, and practices of the situation. This research helps to form, plan and develop communication programs and determine audiences and strategies.

Framing: how issues are presented in news coverage. The same issue can be described in different ways depending on the narratives and sources used. Experimental research shows that news frames strongly influence how people perceive issues and think about possible courses of action. This is a concept from media theories in the Graphic: Concepts of Selected SBCC Theories.

Functions of social networks and social support: social networks refer to a web of social relationships that surround and influence individuals. Certain network characteristics, network functions and types of social support make a network effective. The functions of social networks refer to refers to social trust, influence, support and criticism, emotional bonds, and aid and assistance. This is a concept from social network and social support theories in the Graphic: Concepts of Selected SBCC Theories.

G

Gatekeepers: powerful individuals or groups that influence the environment that can inhibit or promote change (open or close the "gate"). They can be brought in as partners, or "neutralized" so as not to inhibit progress.

Gender: roles in societies that are considered appropriate and expected for men and women.

Gender analysis: methodologies for assessing the relative power of males and females in a given community.

Gender inequality: conditions under which men and women are systematically provided different access to resources for self determination such that one accrues unearned advantages over the other.

Gender roles: behaviors expected of males and females on the basis of their sex, not their abilities.

Generalized epidemic: HIV is firmly established such that sexual networking in the general population is sufficient to sustain the epidemic independent of sub-populations at higher risk of infection.

Goal: General statement that describes the result hoped for of a program (e.g., reduction of HIV incidence). Goals are achieved over the long term and through the combined efforts of multiple programs.

Group norm: established attitudes, patterns of thought and behaviors within a particular group.

H

Health literacy: an individual's capacity to obtain, process and communicate information about health and is needed for patient self-management (e.g. health information seeking, coping with treatment effects, disease monitoring, navigating referrals, etc). This is a concept from the patient centered communicational models in the Graphic: Concepts of Selected SBCC Theories.

I

Impact: long-term effects (e.g., changes in health status). This can be through special studies with wide district, regional, or national coverage.

Incidence: the number of new cases of infection within a specified period of time.

Indicator: clue, sign, and marker that show how close we are to our path and how much things are changing. The clue "indicate" possible changes in the situation that may lead to improved health status.

Informal communication: communication networks that fall outside of established systems for conveying information, e.g. information communicated over drinks at the bar or by the communal pipe stand.

Information: a crosscutting factor. People need information that is timely, accessible, and relevant. When looking at information consider the level of knowledge held by that person or group, e.g., about modern contraceptives and their side effects.

Information education communication (IEC): a communication strategy for influencing behavior which emphasizes information and education.

Input: resources going into conducting and carrying out the project or program. These could include staff, finance, materials, and time.

Institutional bias: official policy or established procedures that discriminate e.g. applications for loans are accepted from married males, but not married females without the spouse's consent.

Interpersonal communication: face to face exchange of e.g.; information, education, motivation, or counseling.

Intervention: a set of complementary program activities designed to achieve program goals.

Inventory review: a methodical search for existing materials and activities developed by other programs, It can help put resources to good use by complementing or adapting rather than recreating what is already out there.

K

Knowledge: a cross-cutting factor. What people know on a certain subject matter based on education or experience. This is a concept from the individual level theories in the Graphic: Concepts of Selected SBCC Theories.

L

Learning: process of mastering or internalizing values, knowledge, skills through socialization, formal instruction, or experience.

Levels of analysis: are the rings of the socio-ecological model and represent both domains of influence as well as people representing them at each level.

Logic model: a visual representation that charts (or maps) a path for the problem to be addressed, to the inputs (available resources), then outputs (activities and participation) to finally arrive at outcomes (short, medium and long-term results), which will ideally lead to impact (long-lasting change).

M

Maintenance: having to do with the ability of an individual to continue with a newly adopted behavior.

Making meaning: see cultural relevance

Media advocacy: civic actions used to shape media attention on a specific issue. It's how groups that promote social change persuade the media, through various techniques, to cover the issue. This is a concept from media theories in the Graphic: Concepts of Selected SBCC Theories.

Message: a brief, value-based statement aimed at an audience that captures a concept. Messages must be personally appealing and discuss only one/two key points. The information in the message should be new, clear, accurate, and complete, culturally appropriate, and include specific suggestions of what people can do.

Model: draws upon multiple theories to try to explain a given phenomenon.

Modeling: people learn not only from their own experiences but by observing others performing actions and the benefits that they gain through those actions.

Monitoring: a process of tracking or measuring what is happening in programs. In this course we focus on monitoring two aspects of your SBCC activities: process and quality.

Motivation: a crosscutting factor. Factors influencing individuals to attend to and act upon information and knowledge. People require motivation often represented by attitudes, beliefs, or perceptions of benefit, risk or seriousness of the issues they are trying to change. This is a concept from the individual level theories in the Graphic: Concepts of Selected SBCC Theories

Movement repertoire: combinations of political action such as coalition building, media statements, rallies, demonstrations, online mobilization, and pamphleteering.

N

Norms: reflect the values of the group and specify those actions that are expected of the individual by its surrounding society as expressed in perceived norms, socio-cultural, and gender norms have considerable influence.

O

Objective: specific, operationalized statement detailing the desired accomplishments (includes communication and program objectives). A properly stated objective is action-oriented, starts with the word "to," and is followed by an action verb. Objectives address questions of "what", "when," and "how much", but not "why" or "how." An objective is stated in terms of results to be achieved, not processes, or activities to be performed.

Observational learning (modeling): people learn not only from their own experiences, but by observing others performing actions and the benefits they gain through those actions. This concept has been influential in developing entertainment education programs. This is a concept from the social learning theories in the Graphic: Concepts of Selected SBCC Theories.

Outcome: short-term or intermediate result and change in your population/community that are obtained by a program through the execution of activities.

Output: immediate result obtained by the program through the execution of activities (e.g., number of commodities distributed, number of staff trained, number of people reached, or number of people served). Good process monitoring of outputs from activities (if mutually supportive) can lead to program outcomes and hopefully have impact!

P

Participation: playing an active and meaningful role in decisions that affect one's interest. This is a concept from the community organization theories in the Graphic: Concepts of Selected SBCC Theories.

Partners: any group, formal or informal, with whom you might work long term to make your effort a success overall.

Paternalistic relationship: the idea of a hierarchical relationship between the provider and patient. This is a concept from the patient centered communicational models in the Graphic: Concepts of Selected SBCC Theories.

Patient preferences: Patients have varying expectations for their own role and that of the provider, often associated with socio-demographic and cultural characteristics.

Perceived barrier: belief or perception that there are negative consequences associated with a contemplated change. This is a concept from theories highlighting perceptions in the Graphic: Concepts of Selected SBCC Theories.

Perceived benefits of action: the belief that there are benefits or positive outcomes associated with changing a current action or situation. This is a concept from theories highlighting perceptions in the Graphic: Concepts of Selected SBCC Theories.

Perceived norms: norms that are the result of individuals interpreting and perceiving values, norms, and attitudes other around them hold. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Perceived risk: belief or perception that one is likely to fall victim to a particular illness if prevailing conditions remain unchanged. This also referred to as risk perception. This is a concept from theories highlighting perceptions in the Graphic: Concepts of Selected SBCC Theories.

Perceived vulnerability: recognition that current situation places one at risk of infection. This is a concept from theories highlighting perceptions in the Graphic: Concepts of Selected SBCC Theories.

Persuasion: is a form of communication that seeks to influence attitudes or behaviors without the use of force or coercion. This is a concept from media theories in the Graphic: Concepts of Selected SBCC Theories.

Policy/legislative change: change that social movements promote to advance their causes and build coalitions with allied policy-makers.

Popular education: education that employs simple, learner-centered methods and is aimed at broadening people's understanding of factors which affect their lives.

Positioning (in the context of strategic design): presenting an issue, service, or product so that it stands out from others, is appealing, and is persuasive. Positioning creates a distinctive and attractive image which may be turned into a logo.

Positioning statement: describes how a proposed changed will be seen in the minds of the audience. It is not a catchy slogan, but rather provides direction for message design.

Positive deviance: an approach that seeks to understand why a minority in a given community practices healthy behaviors, and integrates those insights into effective planning.

Pretesting: a type of formative evaluation that involves systematically gathering intended audience reactions to messages and materials before the messages and materials are produced in final form.

Prevalence: the proportion of persons in a population who have a particular disease or condition.

Problem statement: succinct summary of what is discovered during the situation analysis that helps programmers clearly see what is happening so that they can focus attention where it will make a difference.

Process: set of activities in which program resources are used to achieve the results expected from the program (e.g., number of workshops or number of training sessions).

Program objective: the specific outcome that you expect your entire program to achieve. It is broader than a communication objective, but must also specify an outcome.

Projectable change: change that can be planned and implemented.

Psychosocial and life skills: a set of skills including problem solving, decision-making, negotiation, critical and creative thinking, interpersonal communication and other relationship skills such as empathy. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Q

Qualitative method: help build an in-depth picture among a relatively small sample of people on a specific issue. They reveal in more detail how people perceive their own situation and problems, why and what their priorities are. Questions are asked in an open-ended way and the findings are usually analyzed as data is collected. Information gathered should not be described in numerical terms, and generalization about the intended audience cannot be made. It is a useful tool for exploring reactions and uncovering additional ideas, issues, or concerns.

Quantitative method: things are either measured or counted, or questions are asked according to a defined questionnaire so that the answers can be coded and analyzed numerically by asking a large number of people identical (and predominantly close ended) questions. If the respondents are a representative random sample, quantitative data can be used to draw conclusions about the intended audience as whole. Quantitative research is useful for measuring the extent to which knowledge, attitudes, or behaviors are prevalent in an intended audience.

R

Rational choice: assumes that people are driven to maximize perceived individual beliefs.

Reinforcement: information, actions or 'rewards' which encourage adoption or continuation of a particular behavior.

Risk factor: conditions associated with increased likelihood of a particular disease or condition, e.g. individual behaviors, lifestyle, environmental exposure or hereditary characteristics.

Risk: increased probability of being affected.

Risk group: a group of people sharing characteristics that put them at risk for and make them more likely to become infected than the general population.

Role model: someone who is respected and revered such that one patterns one's behavior by following their example.

S

Segmenting: dividing and organizing an audience into smaller groups who have similar communication-related needs, preferences, and characteristics.

Self-determination: refers to the capacity of individual and communities to make decisions without interference or influence from other actors.

Self–efficacy: the belief and confidence in one's ability to do something successfully. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Sequencing: the order in which activities are implemented**.**

Sex: biological and physiological characteristics that define what men's and women's body physically are able to do.

Situation analysis: a systematic review of social, cultural, political, and behavioral data aimed to identify internal and external determinants of a situation, such as immediate and underlying cause and effects.

SMART (objectives): specific, **m**easureable, **a**ttainable, **r**ealistic, **t**ime-bound

Social and behavior change communication (SBCC): looks at the role communication has in bringing about social change including policy, norm and individual behavior change by finding an effective tipping point for change.

Social and behavior change communication (SBCC) framework: lays out the three characteristics of SBCC that the C-Modules and C-Change use. It requires an interactive, researched, and planned process; C-Planning; a socio-ecological model for analysis to find the tipping point for change; and operates through three key strategies --advocacy, social mobilization, and behavior change communication.

Social capital: refers to the institutions, norms, and values of social networks and their impact on social relationships and institutional resources. The theory argues that groups and societies with higher levels of social cohesion and trust are fundamental for societies. This is a concept from the network theories in the Graphic: Concepts of Selected SBCC Theories.

Social change intervention: activities directed at changing conditions within the social environment.

Social convention: social conventions are at work when an individual follows a social rule, because of 1) expectations that many others follow the social rule, 2) preference to do the same as others, and 3) compliance being in his/her interest. Influencing social conventions requires effort at the community level because even if an individual or small family unit changes its practices, the social convention will still be in place. This is a concept from the social norms theories in the Graphic: Concepts of Selected SBCC Theories.

Social distance: the number and importance of dissimilarities between providers and clients.

Social learning: learning that comes about as a result of socialization and observation of social norms –usually passive and unconscious.

Social marketing: application of commercial marketing techniques for consumerism to the promotion of health behaviors. This approach has four Ps: product, price, place, and promotion. This is a concept from social marketing approaches in the Graphic: Concepts of Selected SBCC Theories

Social mobilization: a process of bringing together all feasible and practical intersectoral social partners and allies to determine felt-need and raise awareness of a demand for a particular development objective. It involved enlisting the participation of such actors, including institutions, groups, networks and communities, in identifying, raising, and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability to achievements.

Social movements: refers to collective actions by citizens to promote social changes in policies, laws, social norms, and values.

Social norms: rules that a group uses to discriminate between appropriate and inappropriate values, beliefs, attitudes, and behaviors – the do's and don'ts of society. They can be explicit or implicit. Failure to conform to norms can result in social sanctions and/or social exclusion. This is a concept from the social norms theories in the Graphic: Concepts of Selected SBCC Theories.

Social skills: the ability to successfully negotiate acceptance of one's behaviors by one's peer group or society at large.

Social support: stated and unstated approval of ones behavior by the society or peer groups in which one operates.

Socio-ecological model for change: Characteristic 2 of C-Change's SBCC framework. It views individual behavior as a product of multiple overlapping individual, social, and environmental influences. This model helps to combine individual change with the aim to influence the social context in which the individual operates.

Stakeholder: a person or group whose interests are affected by the outcome of an intervention.

Stereotype: an assumption about an entire group based on limited exposure to that group.

Stigma: the dishonoring, shaming, disgracing, and discriminating against an individual on the basis of a single characteristic, e.g. homelessness, HIV infection, commercial sex work.

Strategic approach: the way you decide to package or frame what you are doing into a single recognizable program or campaign. The strategic approach is one of the most important elements in a communication strategy, because it drives the program-it tells you how the communication objectives work together to create change or is a platform holding together your different channels and activities.

Strategic gender needs: legal and social conditions needed to create equality between women and men.

Strategy outline: a document that contains a summary of analysis, communication strategy, implementation plan, and monitoring plan.

Strategy: a coordinated and comprehensive set of activities aimed at achieving an objective.

Structures of social networks: social networks refer to a web of social relationships that surround and influence individuals. Certain network characteristics, network functions and types of social support make a network effective. The structural characteristics of networks refer to several aspects: the degree of homogeneity among members, resource exchange, emotional closeness, formal roles, knowledge, interaction among members, and power and influence among members. This is a concept from social network and social support theories in the Graphic: Concepts of Selected SBCC Theories.

Subjective norms: indicates what ought to be done, and is one of the distinguished perceived norms. This is a concept from individual level theories in the Graphic: Concepts of Selected SBCC Theories.

Susceptibility: individual, group, and general social *predisposition* to infection. This concept may be applied at any level, from an entire society or country to a household. Thus, individuals, nations, and societies are more or less susceptible to infection, and the speed and extent of the spread of HIV will be determined by the susceptibility.

Synergy: the added benefit you get from activities or materials which enhance each other.

T

Theory: a systematic and organized explanation of events or situations. Theories are developed from a set of concepts (or "constructs") that explain and predict events/situations, and provide explanations about the relationship between different variables.

Theory of Change (TOC): "concrete statements of plausible, testable pathways of change that can both guide actions and explain their impact" (Kubisch et al., 2004).

Three key strategies: characteristic 3 of the SBCC framework which includes an appropriate mix of the following strategies to address change at all levels of the Socio-Ecological Model. These key strategies are mutually reinforcing: advocacy, social mobilization, and behavior change communication.

Tipping point: the dynamics of social change where trends eventually become permanent change. They can be driven by a naturally occurring event or a strong determinant for change, such as political will that can provide the final energy to "tip over" a situation to change – they are events that prompt change. This is a concept from the social norms theories in the Graphic: Concepts of Selected SBCC Theories.

Tools: any instrument (e.g. worksheet, checklist, or graphic) that assists or guides practitioners in the understanding and application of concepts in their programmatic work.

Transformative change: critical points that caused major transformations in a given community.

Trend: a pattern in frequencies of disease incidents or prevalence over time, within or across various subgroups.

V

Values: a cross-cutting factor. Deeply held feelings/beliefs that shape choices and behaviors of individuals and communities. This is a concept from the individual level theories in the Graphic: Concepts of Selected SBCC Theories

Vulnerability: those features within a society/community that make it more or less likely that its members will be disproportionately impacted by an adverse condition –like HIV and AIDS; vulnerability analysis focuses on political, social, cultural and economic factors influencing health behavior.

W

WUNC displays: refers to participants' concerted public representation of **W**orthiness, **U**nity, **N**umbers, and **C**ommitment in relation to social movement theories.

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[i] Adapted from:

- International HIV/AIDS Alliance/International Council of AIDS Service Organizations. Without Date. *Advocacy in action: A toolkit to support NGOs and CBOs responding to HIV/AIDS.* Brighton: Progression.
- Becker, Antje. 1998. *Community health communication: Guidelines through the maze of IEC methods.* Germany: GTZ
- Glanz, K., Barbara K. Rimer, and K. Viswanath. Eds. 2008. *Health behavior and health education: Theory, research and practice (Fourth Edition)*. San Francisco: Jossey-Bass, Inc.
- Howard-Grabman, L.H. and G. Snetro.2003. *How to mobilize communities for health and social change.* Baltimore, MD: Health Communication Partnership.
- McKee, Neill, Erma Manoncourt, Chin Saik Yoon, and Rachel Carnegie (eds.). 2000. *Involving people, evolving behavior*. New York: UNICEF; Penang: Southbound.
- National Cancer Institute. 2001. *Making health communication programs work. A planer's guide*. Bethesda: National Institutes of Health.
- O'Sullivan, Gael, Joan Yonkler, Win Morgan, and Alice Payne Merritt. 2003. *A field guide to designing a health communication strategy.* Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs.
- Fertman, Carl. I. and D. Allensworth. Eds. 2010. *Health Promotion Programs: From Theory to Practice*. San Francisco: Jossey-Bass, Inc.

Supplemental Readings

References in Facilitator Preparation

Caroselli, Marlene. 1998. *Great openers, closers, and energizers.* New York: McGraw Hill.

Sparks creative juices and provides ideas on designing a short activity to open, close, or energize a group.

International HIV/AIDS Alliance. 2002. *100 ways to energise groups: Games to use in workshops, meetings and the community.* Brighton, UK: Progression.

Compiles energisers, icebreakers, and games that can be used by anyone working with groups, whether in a workshop, meeting, or community setting.

Kaner, Sam, Lenny Lind, Catherine Toldi, Sarah Fisk, and Duane Berger. 2007. *Facilitator's guide to participatory decision-making.* 2nd ed. San Francisco: Jossey-Bass.

Presents tools to facilitate workshops in a participatory manner and insights into group dynamics and group work.

McKee, Neill, Maruja Solas, and Hermann Tilllmann. 1998. *Games and exercises: A manual for facilitators and trainers involved in participatory group events*. New York: UNICEF.

Offers games and exercises grouped around areas such as team building, conflict management, gender analysis, creativity, and evaluation.

Salas, Maria, Hermann Tillmann, Neill McKee, and Nuzhat Shahzadi. 2007. *VIPP: Visualisation on participatory programmes: How to facilitate and visualise participatory group processes.* Dhaka: UNICEF.

Provides comprehensive guidance on the VIPP process and guidelines that are generalizable to different aspects of learning-centered facilitation.

Schwarz, Roger. 2002. *The skilled facilitator.* Rev. ed. San Francisco: Jossey-Bass.

Builds facilitation skills for workshops, meetings, organizational situations, and more.

Vella, Jane. 2002. *Learning to listen, learning to teach: The power of dialogue in educating adults.* Rev. ed. San Francisco: Jossey-Bass.

Explains dialogue education and offers practical, universally applicable approaches to basic principles of adult learning that transcend cultural differences.

Readings in Module 0: Introduction

CARE. 2007. *Inner spaces outer faces initiative (ISOFI) toolkit: Tools for learning and action on gender and sexuality.* Washington, DC: CARE/ICRW

Helps organizations understand gender and sexuality and its relationship to reproductive health

King, Rachel. 1999. *Sexual behavioural change for HIV: Where have theories taken us?* Geneva: UNAIDS.

Presents a brief overview of theoretical models of behavioral change, a review of key approaches used to stem sexual transmission of HIV, a summary of successful interventions targeting specific populations at risk, and a discussion of challenges.

National AIDS Coordinating Agency and African Comprehensive HIV/AIDS Partnership (ACHAP). 2005. *Behaviour change interventions and communications. A learner-driven training programme piloted in Botswana.* Gaborone: ACHAP.

Comprises a 10-module course with assignments, readings, and worksheets on issues such as the national response to HIV and AIDS, research tools, communication strategies, monitoring plans, and assignments on gender, including explanations of key concepts in gender education, gender analysis, and gender equity promotion.

O'Sullivan, Gael, Joan Yonkler, Win Morgan, and Alice Payne Merritt. 2003. *A field guide to designing a health communication strategy.* Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs.

Conveys practical guidance for those designing, implementing, or supporting a strategic health communication effort, with an emphasis on developing a comprehensive, long-term approach that responds appropriately to audience needs.

Policy Project. 2003. *Moments in time: HIV/AIDS advocacy series.* Washington, DC: USAID.

Highlights moments in many HIV/AIDS global advocacy efforts from the perspective of those involved; a companion to other training materials

Rimer, Barbara, and Karen Glanz. 2005. *Theory at a glance. A guide for health promotion practice.* 2nd ed. Washington, DC: National Cancer Institute.

Provides information and examples of influential theories of health-related behaviors, the processes of shaping behaviors, and the effects of community and environmental factors on behavior.

Additional Readings for Module 0: Introduction

Chen, Peter. 2006. *Planning BCC interventions: A practical handbook.* Bangkok: UNFPA CST.

Responds to the need of UNFPA to help colleagues and partners plan and implement effective BCC strategies in support of reproductive health, adolescent reproductive health, and HIV prevention.

Global HIV Prevention Working Group. 2008. *Behavior change and HIV prevention: (Re)considerations for the 21st century*. n.p.: Global HIV Prevention Working Group.

Based on a review of hundreds of studies, demonstrates the robust evidence base for behavioral HIV prevention and the documented effectiveness of these interventions in numerous settings among diverse populations.

International HIV/AIDS Alliance. 2001. *A facilitator's guide to participatory workshops with NGOs/CBOs responding to HIV/AIDS.* Brighton, UK: Progression.

Supports facilitators of participatory workshops with NGOs and CBOs responding to HIV and AIDS in developing countries.

Linkages Project. 2004. *Behavior change communication for improved infant feeding: Training of trainers for negotiating sustainable behavior change*. Washington, DC: AED.

Offers training in BCC for community health workers and their trainers to improve infant feeding.

Medical Care Development International/AED. 2008. *HIV/AIDS capacity building and technical assistance field training for behavior change communications.* Washington, DC: AED.

Designed for a three-day training and two-day refresher training for healthcare professionals, community activists, and government officials in Lesotho on revising BCC strategies and developing BCC interventions at the community level.

O'Sullivan, Gael, Joan Yonkler, Win Morgan, and Alice Payne Merritt. 2003. *A field guide to designing a health communication strategy.* Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs.

Provides practical guidance for those designing, implementing, or supporting a strategic health communication effort that emphasizes a comprehensive, long-term approach that responds appropriately to audience needs.

Roberts, Ann, Reynaldo Pareja, Will Shaw, Barbara Boyd, Elizabeth Booth, and Jose Ignacio Mat. 1995. *A toolbox for building health communications capacity.* Washington, DC: AED/USAID

Provides a toolbox that can be used without a facilitator or in a facilitated learning process.

Readings in Module 1: Understanding the Situation

Anyaegbunam, Chike, Paolo Mefalopulos, and Titus Moetsabi. 2004. *Participatory rural communication appraisal: A handbook.* Rome: FAO.

Describes procedures for planning and conducting a participatory rural communication appraisal for development projects—the first step in the design of cost-effective, appropriate communication programs, strategies, and materials.

International HIV/AIDS Alliance/International Council of AIDS Service Organizations. n.d. *Advocacy in action: A toolkit to support NGOs and CBOs responding to HIV/AIDS.* Brighton, UK: Progression.

Provides practical assistance on undertaking advocacy and assists NGOs and CBOs to gain a clear understanding of what advocacy is and how it might support their work.

Mamimine, Patrick, Sara Page, and Lois Chingandu. 2008. *Inter-linkages between culture, GBV, HIV and AIDS and women's rights.* Harare: SAfAIDS/Oxfam International.

Explores theories on culture in a training manual that offers an analytical model for interventions related to culture, gender-based violence, women's rights, and HIV and AIDS.

McKee, Neill, Erma Manoncourt, Chin Saik Yoon, and Rachel Carnegie. 2000. *Involving people, evolving behavior.* Penang: Southbound/UNICEF.

Offers theories and frameworks for creating an enabling environment, including policy and legislation, service provision, education systems, cultural factors, religion, socio-political factors, and behavior and beyond: an evaluation perspective

Soul City Institute for Health and Development Communications. 2003. *Qualitative target audience formative research for health and development communication: Soul city fieldworker training manual 1. Qualitative interviewing.* Johannesburg: Soul City Institute.

Developed to support skills-training in qualitative interviewing and formative audience research.

Wallace-Karenga, Katrina, Lois Chingandu, Sara Page, and Rouzeh Eghtessadi, eds. 2009. *Mainstreaming HIV, AIDS and gender into culture: A community education handbook*. Part 1 and 2. Harare: SAfAIDS.

Encourages discussion about how people behave together and cope with HIV; how culture can affect the spread of HIV; and how culture, gender, and HIV are connected.

Wilson, David. 2001. *HIV/AIDS rapid assessment guide*. Arlington, Va.: Project Support Group/Family Health International.

Consists of five HIV-prevention tools: a mapping guide, a site inventory, an ethnographic guide, a focus group guide, and a guide to rapid behavioral surveys, which can be used to collect data that provide a spatial, quantitative, and qualitative overview of a project area.

Additional Readings for Module 1: Understanding the Situation

AfriComNet and HCP/CCP. 2006. *Training of trainers on strategic communication and HIV and AIDS: Facilitator's guide*. Kampala: AfriComNet.

Designed to assist a facilitated five-day training on the basics of HIV and AIDS strategic communication, HIV and AIDS stigma and discrimination, research, M&E for HIV and AIDS communication programs, use of demographic and health surveys for health programming, applied skills in HIV communication and counseling, and community mobilization for health and development.

Readings in Module 2: Focusing & Designing

CORE Group. 2005. *Designing for behavior change*. Washington, DC: CORE Group.

Designed as a six-day training to build the capacity of NGO staff to plan, implement, monitor, and evaluate effective behavior change strategies.

Howard-Grabman, Lisa, and Gail Snetro. 2003. *How to mobilize communities for health and social change.* Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.

Provides guidance for directors and managers of community-based health programs who are considering communication mobilization at individual, family, and community levels.

O'Sullivan, Gael, Joan Yonkler, Win Morgan, and Alice Payne Merritt. 2003. *A field guide to designing a health communication strategy.* Baltimore: Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs.

Shares steps and tools for the strategic development of health communication and BCC efforts in which all stakeholders participate.

Price, Leigh, Patrick Mamimine, and Lois Chingandu. 2009. *Changing the river's flow series: Zimbabwean stories of "best practice" in mitigating the HIV crisis through a cultural and gender perspective*. Harare: SAfAIDS/Oxfam International.

Presents a collection of best practices from six CBOs in Zimbabwe that implemented innovative strategies and approaches in gender programming through a culture lens.

Rimer, Barbara, and Karen Glanz. 2005. *Theory at a glance. A guide for health promotion practice.* 2nd ed. Washington, DC: National Cancer Institute.

Provides information on and examples of influential theories of health-related behaviors, the processes of shaping behaviors, and the effects of community and environmental factors on behavior.

Salem, Ruwaida, Jenny Bernstein, and Tara Sullivan. 2008. Tools for behavior change communication. *INFO Reports* 16: 1–8.

Offers tools that assist the planning and development of a BCC component in family planning programs.

Sharma, Ritu. 1997. *An introduction to advocacy: Training guide*. Washington, DC: Academy for Educational Development.

Designed for training sessions, but can also be used for self-teaching and includes a framework that can be used to develop an advocacy campaign.

Zambesi, Rose, and Juan Hernandez. 2006. *Engaging communities in youth reproductive health and HIV projects: A guide to participatory assessments.* Arlington, Va.: Family Health International.

Provides guidelines for carrying out participatory assessments with young adult community members and outlines various tools and methods that can be applied.

Additional Readings for Module 2: Focusing & Designing

AIDS Control and Prevention (AIDSCAP) Project. n.d. *How to create an effective communication project.* Arlington, Va: Family Health International.

Guides users through the use of an AIDSCAP strategy to develop effective BCC interventions.

Weiss, William, and Pat Bolton. 2000. *Training in qualitative research methods for PVOs and NGOs*. Baltimore: Johns Hopkins University Bloomberg School of Public Health/Center for Refugee and Disaster Studies.

Designed as a trainer's guide and participant's manual to promote the systematic use of qualitative methods by PVOs and NGOs planning and managing community health programs.

Readings in Module 3: Creating

AIDSCAP. n.d. *How to conduct effective pretests.* Arlington, Va.: Family Health International.

Helps field-level planners and implementers to design and conduct simple, effective pretests of BCC materials for HIV prevention.

National Cancer Institute. 2003. *Clear & simple: Developing effective print materials for low-literate readers.* Washington, DC: National Institutes of Health.

Provides tools and step-by-step guidance on the development and pretesting of print materials for low-literacy readers.

National Cancer Institute. 2001. *Making health communication programs work. A planner's guide*. Bethesda, Md.: National Institutes of Health.

Offers a practical overview on the health communication process and delves into planning and strategy development; developing and pre-testing concepts, messages, and materials; implementing the program; and assessing effectiveness and making refinements.

Policy Project. 1999. *Networking for policy change: An advocacy training manual.* Washington, DC: The Futures Group.

Assists NGOs and other organizations to develop effective advocacy skills, especially in family planning and reproductive health.

Salem, Ruwaida, Jenny Bernstein, Tara Sullivan, and Robert Lande. 2008. Communication for better health. *Population Reports Series* J, No. 56: 1–28.

Explains how managers of family planning programs can build effective BCC programs.

Additional Readings for Module 3: Creating

Rimer, Barbara, and Karen Glanz. 2005. *Theory at a glance. A guide for health promotion practice.* 2nd ed. . Washington, DC: National Cancer Institute.

Provides information and examples of influential theories of health-related behaviors, the processes of shaping behaviors, and the effects of community and environmental factors on behavior.

Readings in Module 4: Implementing and Monitoring

CARE. 2007. *Inner spaces outer faces initiative (ISOFI) toolkit: Tools for learning and action on gender and sexuality.* Washington, DC: CARE/ICRW

Helps staff and organizations to understand gender and sexuality and their relationship to reproductive health.

Finn, Theresa. 2007. *A guide for monitoring and evaluating population-health-environment programs.* Chapel Hill: MEASURE Evaluation/USAID.

Lists the most widely used M&E indicators for population-health-environment programs and encourages improved quality.

IMPACT Project. 2004. *Monitoring HIV/AIDS programs: A facilitator's training guide and participant resources*. Arlington, Va.: Family Health International.

Builds skills for conducting M&E activities with three core modules and seven program-specific modules, including a module on BCC.

International HIV/AIDS Alliance. n.d. *Raising funds and mobilizing resources for HIV/AIDS work.* Brighton, UK: Progression.

Introduces a systematic and strategic approach to planning and resource mobilization to ensure maximum returns for the least effort and NGOs and CBOs remain true to their missions.

Russell, Nancy, Kristina Gryboski, Meredit Miller Vostrejs, and Angela Nash-Mercado. 2004. *Igniting change! Capacity-building tools for safe motherhood alliances.* Baltimore: JHPIEGO.

Emphasizes strengthening group processes, building capacity for linkages between diverse stakeholders, and helping stakeholders work as a team to advocate for safe motherhood.

UNAIDS. 2005. *Monitoring the declaration of commitment on HIV/AIDS: Guidelines on construction of core indicators.* Geneva: USAID.

Provides essential information for key constituents involved in a country's response to HIV and AIDS on core indicators that measure the effectiveness of the response.

Y-PEER Programme, FHI. 2006. *Performance improvement: A resource for youth peer education managers*. Arlington, Va.: Family Health International.

Advocates for regularly updating peer educators and the systems that support them.

Additional Readings for Module 4: Implementing and Monitoring

AIDSTAR-One. 2009. *Integrating multiple gender strategies to improve HIV and AIDS interventions: A compendium of programs in Africa.* Washington, DC: ICRW/USAID.

Summarizes global program efforts to integrate various gender strategies to improve HIV and AIDS interventions.

IMPACT Project. 2004. *Monitoring HIV/AIDS programs: A facilitator's training guide and participant resources*. Arlington, Va: Family Health International.

Designed to build skills for conducting M&E activities.

USAID. 2002. *Expanded response guide to core indicators for monitoring and reporting on HIV/AIDS programs.* Washington, DC: USAID.

Offers an expanded M&E system for national and USAID programs whose first priority is rapid scale-up in intensive-focus countries.

Readings in Module 5: Evaluating and Replanning

Chapman, Jennifer, and Amboka Wameyo. 2001. *Monitoring and evaluating advocacy: A scoping study*. Johannesburg, South Africa: ActionAid.

Sets out to document (rather than evaluate) frameworks and approaches used by international agencies to assess the value of their advocacy work, drawing on literature, first-hand interviews, and discussions.

Horizons Project. 2008. *Horizons operations research on HIV/AIDS toolkit.* Washington, DC: Population Council.

Provides the tools and information needed to design a successful HIV-related operations research study, from developing the research protocol to analyzing and reporting on results.

IMPACT Project. 2004. *Monitoring HIV/AIDS programs: A facilitator's training guide and participant resources*. Arlington, Va.: Family Health International.

Builds skills for conducting M&E activities through three core modules and seven program-specific modules, including one on BCC.

Pulerwitz, Julie, and Gary Barker. 2008. Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM scale. *Men and Masculinities* 10.3: 322–338.

Describes the development and psychometric evaluation of the Gender-Equitable Men (GEM) Scale—a 24-item scale to measure attitudes toward young men's gender norms related to sexual and reproductive health, sexual relations, violence, domestic work, and homophobia.

Ullin, Pricilla, Elizabeth Robinson, and Elizabeth Tolley. 2002. *Qualitative methods: A field guide for applied research in sexual and reproductive health.* San Francisco: Jossey-Bass.

Covers theory, research design and methodology, data collection, data analysis, writing, and research dissemination for social scientists, public health specialists and research teams interested in using qualitative methods to study sexual and reproductive health.

Weiss, William, and Pat Bolton. 2000. *Training in qualitative research methods for PVOs and NGOs*. Baltimore: Johns Hopkins University Bloomberg School of Public Health/Center for Refugee and Disaster Studies.

Provides a trainer's guide and participant's manual that promote the systematic use of qualitative methods in planning and managing community health programs.

Additional Readings for Module 5: Evaluating and Replanning

Adamchak, Susan, Katherine Bond, Laurel MacLaren, Robert Magnani, Kristin Nelson, and Judith Seltzer. 2000. *A guide to monitoring and evaluating adolescent reproductive health programs.* FOCUS Tool Series #5. Arlington, Va.: Family Health International.

Designed for program managers who monitor and evaluate adolescent reproductive health programs.

Aubel, Judi. 1999. *Participatory program evaluation manual: Involving program stakeholders in the evaluation process.* 2nd ed. Calverton, Md: Catholic Relief Services/ORC Macro.

Bertrand, Jane, and Amy Tsui. 1995. *Indicators for reproductive health program evaluation: Introduction.* Chapel Hill: Carolina Population Center.

Introduces the Reproductive Health Indicators Working Group (RHIWG), whose subcommittees developed a series of indicators for safe pregnancy,

HIV and other STDs, women's nutrition, breastfeeding, and adolescent reproductive health services.

Bertrand, Jane, and Gabriela Escudero. 2002. *Compendium of indicators for reproductive health program evaluation.* MEASURE Evaluation Manual Series No. 6. Chapel Hill: Measure Evaluation.

Offers a comprehensive list of the most widely used indicators for evaluating reproductive health programs in developing countries.

Bertrand, Jane, Robert Magnani, and Naomi Rutenberg, eds. 1996. *Evaluating family planning programs with adaptations for reproductive health.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Provides guidelines on developing an evaluation plan for a national family planning program that emphasizes contraceptive services.

Bertrand, Jane, Robert Magnani, and Naomi Rutenberg. 1994. *Handbook of indicators for family planning program evaluation.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Provides a list of widely used indicators, organized according to the conceptual framework developed under the EVALUATION project.

Burroughs, Catherine, and Fred Wood. 2000. *Measuring the difference: Guide to planning and evaluating health information outreach.* Seattle: National Libraries of Medicine.

Provides guidance for health information outreach programs that aim to affect the capacity of individuals, organizations, and communities to effectively use health information resources and address barriers to accessing them.

Centers for Disease Control and Prevention. 2008. *The handbook for evaluating HIV education.* Atlanta: CDC.

Comprises nine booklets used to help assess the quality of HIV education programs at state and local levels and HIV policy, HIV curricula, HIV staff development programs, and HIV-related student outcomes.

Centers for Disease Control and Prevention. 1999. Framework for program evaluation in public health. *Morbidity and Mortality Weekly Report* 48.RR-11: 1–58.

Offers a practical, non-prescriptive framework that summarizes and organizes essential elements of program evaluation for public health professionals.

Creative Research Systems. 2000. "Statistical significance." http://www.surveysoftware.net/signif.htm

Simplifies the concept of statistical significance for nontechnical readers then provides a fuller discussion for more technical readers.

Creative Research Systems. 2005. "Survey design." http://www.surveysoftware.net/sdesign.htm

Discusses options and provides suggestions on how to design and conduct a successful survey project for those new to survey research.

Dallabetta, Gina, and Susan Hassig, eds. 1995. *Indicators for reproductive health program evaluation: Final report of the subcommittee on STD/HIV*. Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Presents the most appropriate evaluation indicators to date for use in programs integrating reproductive health services and STD/HIV prevention efforts.

DeMarco, Renee. 2005. *Conducting a participatory situation analysis of orphans and vulnerable children affected by HIV/AIDS: Guidelines and tools.* Arlington, Va.: Family Health International.

Offers sample consent forms and guidance on baseline surveys and interviews that can be adapted for local use.

Fink, Arlene. 2005. *Evaluation fundamentals: Insights into the outcomes, effectiveness, and quality of health programs*. Thousand Oaks, Ca.:: Sage.

Emphasizes outcomes, effectiveness, and quality of evaluations and covers how to justify evaluation questions and set standards of effectiveness, design studies, and conduct ethical research.

Finn, Theresa. 2007. *A guide for monitoring and evaluating population-health-environment programs.* Chapel Hill: MEASURE Evaluation/USAID.

Encourages use of M&E to improve the quality of work of programs in the population-health-environment area and provides a comprehensive listing of the most widely used M&E indicators for these programs in developing countries.

Gage, Anastasia, Disha Ali, and Chiho Suzuki. 2005. *A Guide for monitoring and evaluating child health programs*. Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Provides guidance on effective M&E for child health programs.

Galloway, Rae, and Allison Cohn, eds. 1995. *Indicators for reproductive health program evaluation: Final report of the subcommittee on women's nutrition.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Horizons Project. *AIDSQuest: The HIV/AIDS survey library.* http://www.popcouncil.org/horizons/ORToolkit/AIDSQuest/index.html.

Presents surveys and scales collected from a number of international and local organizations and published literature

International HIV/AIDS Alliance. 2001. *Documenting and communicating HIV/AIDS work: A toolkit to support NGOs/CBOs.* Brighton: Progression.

LaFond, Anne, Eckhard Kleinau, Lonna Shafritz, Suzanne Prysor-Jones, Fara Mbodji, Baba Traore, Etienne Dembele, Mouhamadou Gueye, Dr. Mountaga Bouaré, and Christine Snow. 2003. *Using data to improve service delivery: A self-evaluation approach.* Washington, DC: Support for Analysis and Research in Africa (SARA) Project/AED.

Helps doctors, nurses, and midwives in community-based health centers and other frontline health workers to use data collected at health facilities to solve common problems in service delivery and improve their response to community needs.

Koblinsky, Marge, Katie McLaurin, Pauline Russell-Brown, and Pamina Gorbach. 1995. *Indicators for reproductive health program evaluation: Final report of the subcommittee on safe pregnancy.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

McNamara, Carter. 1997. *Basic guide to outcomes-based evaluation for nonprofit organizations with very limited resources.* Minneapolis: Authenticity Consulting.

Provides guidance on basic planning and implementation of an outcomes-based evaluation process for nonprofit organizations, particularly small ones with very limited resources.

McNamara, Carter. 1997. *Basic guide to program evaluation.* Minneapolis: Authenticity Consulting.

Provides guidance on planning and implementing an evaluation process for nonprofit and for-profit programs and on different kinds of evaluations, such as goals-based, process-based, and outcome-based evaluations.

MEASURE Evaluation. 2007. *Data quality assurance tool for program level indicators.* Chapel Hill: MEASURE Evaluation/USAID.

Outlines the essential parameters of data quality, shows how data quality fits within the PEPFAR system of results reporting, and provides an overview of the data quality assurance tool for program-level indicators.

National Science Foundation. *Online evaluation resource library (OERL).* http://oerl.sri.com

Includes instruments, plans, and reports from evaluations proven to be sound and representative of current practices.

O'Gara, Chloe, Martha Newsome, and Claire Viadro, eds. 1995. *Indicators for reproductive health program evaluation: Final report of the subcommittee on breastfeeding.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Rehle, Thomas, Tobi Saidel, Stephen Mills, and Robert Magnani, eds. 2001. *Evaluating programs for HIV/AIDS prevention and care in developing countries: A handbook for program managers and decision makers.* Arlington, Va.: Family Health International.

Sets the stage and provides tools for a comprehensive and strategic approach to evaluation, a critical part of the initial phases of planning effective HIV and AIDS prevention and care programs.

Schenk, Katie, and Jan Williamson. 2005. *Ethical approaches to gathering information from children and adolescents in international settings: Guidelines and resources.* Washington, DC: Population Council.

Provides practical guidance for program managers and researchers on ethical standards for information-gathering activities among children and adolescents.

Segone, Marco, ed. 2008. *Bridging the gap: The role of monitoring and evaluation in evidence-based policy making.* Geneva: UNICEF.

Contributes to the vision and lessons learned relating to the strategic role of M&E in evidence-based policymaking.

Soul City Institute for Health and Development Communications. 2003. *Qualitative target audience formative research for health and development communication: Soul city fieldworker training manual 2. Qualitative analysis and reporting*. Johannesburg: Soul City Institute.

Supports skills training in qualitative interviewing and conducting qualitative formative audience research.

Stewart, Lindsay, and Erin Eckert, eds. 1995. *Indicators for reproductive health program evaluation: Final report of the subcommittee on adolescent reproductive health services.* Chapel Hill: MEASURE Evaluation/Carolina Population Center.

Sullivan, Tara, Molly Strachan, and Barbara Timmons. 2007. *Guide to monitoring and evaluating health information products and services.* Baltimore: Johns Hopkins University Bloomberg School of Public Health/Center for Communication Programs.

Offers guidance for health professionals and 29 indicators they can use to measure and evaluate contributions to improving programs and health outcomes of knowledge management and information products and services.

Taylor-Powell, Ellen. 1998. *Questionnaire design: Asking questions with a purpose.* Madison: University of Wisconsin-Cooperative Extension.

USAID Center for Development Information and Evaluation. 1996. *Conducting focus group interviews.* Performance Monitoring and Evaluation Tips No. 10. Washington, DC: USAID.

USAID Center for Development Information and Evaluation. 1996. *Conducting key informant interviews.* Performance Monitoring and Evaluation Tips No. 2. Washington, DC: USAID.

Provides comprehensive guidance on key informant interviews.

USAID Center for Development Information and Evaluation. 1996. *Using direct observation techniques.* Performance Monitoring and Evaluation Tips No. 4. Washington, DC: USAID

USAID Center for Development Information and Evaluation. 1996. *Using rapid appraisal methods.* Performance Monitoring and Evaluation Tips No. 5. Washington

Wong-Rieger, Durhane, and Lindee David. 1993. *A hands-on guide to planning and evaluation: How to plan and evaluate programs in community based organizations.* Ottawa: Canadian Hemophilia Society.

Provides comprehensive, step-by-step guidance and sample work sheets and models that demystify structured planning and evaluation processes for community-based groups engaged in HIV education and prevention.

World Health Organization. 2006. *Turning research into practice—Suggested actions from case-studies of sexual and reproductive health research.* Geneva: WHO.

Captures outcomes of two meetings: one that reviewed evidence on research utilization from the standpoint of researchers and donors, and a second that reviewed additional materials from the standpoint of policymakers and managers of reproductive health programs.